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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	08/951,832	
	Filing Date	October 16, 1997	
	First Named Inventor	Cesar Z. Lina	
	Art Unit	3761	
	Examiner Name	Dennis William Ruhl	
	Attorney Docket Number	VAC.312B.US	

			-			
I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attor	mey is submitted herewith.					
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I hereby appoint the practitioners associated with the Customer Number.					30159	
Please change the correspondence address for the above-Identified application to:						
The address associated with Customer Number: 30159						
OR						
Firm or Individual Name	Kinetic Concepts, Inc.					
Address	P.O.Box 659508					
City	San Antonio	State Taxas		Zip	78285-9508	
Country						
Telephone	210-255-4545	Email	will.quirk@kci1.com			
l am the: Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature When Home						
Name William H. Quirk (Reg. No. 33,996)						
Date October 11, 2		Telephone	210-200-4040	·		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of 1forms are submitted.						

This collection of information is required by \$7 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by \$5 U.S.C. 122 and \$7 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Vice-President KCI Licensing, Inc.

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STATEMENT UNDER 37 CFR 3.73(b)				
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Application No./Patent No.: 08/951.832 Filed/Issue Date: October 16	3, 1997			
Entitled: Wound Therapy Device and Related Methods				
KCI Licensing , a incorporation (Nama of Assignee e.g. corporation	tion, partnership, university, government agency, etc.)			
the state of the s	non, painership, unwershy, government agency, etc.)			
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In the patent application/patent identified above by virtue of either:				
A assignment from the inventor(s) of the patent application/patent identifier in the United States Patent and Trademark Office at Reel <u>012219</u> Fr thereof is attached.	d above. The assignment was recorded ame 0150 or for which a copy			
OR B. A chain of title from the inventor(s), of the patent application/patent identified below:	above, to the current assignee as shown			
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Additional documents in the chain of title are listed on a supplemental she	et.			
Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment document(Division in accordance with 37 CFR Part 3, if the assignment is to be recorded MPEP 302.08]	(s)) must be submitted to Assignment ded in the records of the USPTO. See			
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.				
Www. Howard	November 3, 2005			
Signature	Date			
William H, Quirk	210.255,4545			
Printed or Typed Name	Telephone Number			

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